



CHILDREN'S PROTECTIVE SERVICES

Safety Assessment -

Department of Human Services of Michigan

PS Case #:
Case Name:
Worker Name:
County Name:

Log Number:
Complaint Date:
Load Number:
Assessment Date:

SECTION 1: Safety Assessment

<input type="checkbox"/> Yes	<input type="checkbox"/> No	1. Caretaker(s) caused serious harm to the child and/or made a plausible threat to cause serious physical harm in the current investigation, indicated by:	
		<input type="checkbox"/>	Severe injury or abuse to child other than accidental.
		<input type="checkbox"/>	Threat to cause harm or retaliate against child.
		<input type="checkbox"/>	Excessive discipline or physical force.
		<input type="checkbox"/>	Potential harm to child as a result of domestic violence.
		<input type="checkbox"/>	One or more caretaker(s) fear they will maltreat child.
		<input type="checkbox"/>	Alcohol/drug exposed infant.
<input type="checkbox"/> Yes	<input type="checkbox"/> No	2. Caretaker(s) has previously maltreated a child in their care and the severity of the maltreatment or the caretaker(s)' response to the previous incident AND current circumstances suggest that child safety may be an immediate concern. There must be both current immediate threats to child safety and related previous maltreatment that was severe and/or represents an unresolved pattern of maltreatment.	
		<input type="checkbox"/>	Prior death of a child.
		<input type="checkbox"/>	Previous maltreatment that caused severe harm to any child.
		<input type="checkbox"/>	Prior termination of parental rights.
		<input type="checkbox"/>	Prior removal of any child.
		<input type="checkbox"/>	Prior confirmed CPS case.
		<input type="checkbox"/>	Prior threat of serious harm to child.
<input type="checkbox"/> Yes	<input type="checkbox"/> No	3. Caretaker fails to protect child(ren) from serious harm or threatened harm.	
		<input type="checkbox"/> Yes	<input type="checkbox"/> No Live-in partner found to be a perpetrator.
<input type="checkbox"/> Yes	<input type="checkbox"/> No	4. Caretaker(s)' explanation of any injury to a child is unconvincing and the nature of the injury suggests that the child's safety may be of immediate concern.	
<input type="checkbox"/> Yes	<input type="checkbox"/> No	5. The family refuses access to the child, or there is reason to believe the family is about to flee, or the child's whereabouts cannot be ascertained.	
<input type="checkbox"/> Yes	<input type="checkbox"/> No	6. Child is fearful of caretaker(s), other family members, or other people living in or having access to the home.	
<input type="checkbox"/> Yes	<input type="checkbox"/> No	7. Caretaker(s) does not provide supervision necessary too protect child from potentially serious harm.	

<input type="checkbox"/> Yes	<input type="checkbox"/> No	8. Caretaker(s) does not meet the child's immediate need for food, clothing, shelter and/or medical or mental health care.
<input type="checkbox"/> Yes	<input type="checkbox"/> No	9. Child's physical living conditions are hazardous and immediately threatening based on the child's age and developmental stage.
<input type="checkbox"/> Yes	<input type="checkbox"/> No	10. Caretaker(s)' current substance use seriously affects his/her ability to supervise, protect or care for the child.
<input type="checkbox"/> Yes	<input type="checkbox"/> No	11. Caretaker(s)' behavior toward child is violent or out-of-control.
<input type="checkbox"/> Yes	<input type="checkbox"/> No	12. Caretaker(s) describes or acts toward child in predominantly negative terms or has extremely unrealistic expectations.
<input type="checkbox"/> Yes	<input type="checkbox"/> No	13. Child sexual abuse is suspected and circumstances suggest that child safety may be an immediate concern.
<input type="checkbox"/> Yes	<input type="checkbox"/> No	14. Caretaker(s)' emotional stability seriously affects current ability to supervise, protect or care for the child.
<input type="checkbox"/> Yes	<input type="checkbox"/> No	15. Other (specify):

If no Safety factors are present, go to Section 3: Safety decision and check "Safe"

SECTION 2: Safety Response – Protecting Interventions

A protecting intervention is a safety response taken by staff or others to address the unsafe situation identified in the assessment. These interventions help protect the child from present or imminent danger. **A protecting intervention must be deployed if any safety factor is indicated.** If one or more safety factors are present, it does not automatically indicate that a child must be placed outside the home, in many cases, it will be possible to initiate a temporary plan that will mitigate the safety factor(s) sufficient so that the child may remain in the home while the investigation continues. Consider the relative severity of the safety factor(s), the caregiver(s)' protective capacities and response to the investigation/situation, and the vulnerability of the child when identifying protecting interventions.

For each safety factor identified in Section 1, consider the resources available in the family and the community that might help to keep the child safe. Check each protecting intervention taken to protect the child and explain below. Describe all protecting safety interventions taken or immediately planned by you or anyone else, and explain how each intervention protects (or protected) each child.

<input type="checkbox"/>	1. Monitoring or direct services by DHS worker.
<input type="checkbox"/>	2. Use of family resources, neighbors, or other individuals in the community as safety resources.
<input type="checkbox"/>	3. Use of community agencies or services as safety resources (check one).
	<input type="checkbox"/> Intensive home based <input type="checkbox"/> Other community services
<input type="checkbox"/>	4. Recommend that the alleged perpetrator leave the home, either voluntarily or in response to legal action.
<input type="checkbox"/>	5. Recommend that the non-maltreating caretaker move to a safe environment with the child.
<input type="checkbox"/>	6. Recommend that the caretaker(s) place the child outside the home.
<input type="checkbox"/>	7. Other.
<input type="checkbox"/>	8. Legal action must be taken to place child(ren) outside the home, e.g., placement with a relative or a licensed foster home.

Explain Safety Response – Protecting Interventions

If CPS is initiating legal action and placing the child: 1) explain why responses 1 – 7 could not be used to keep the child safe in the reasonable efforts section of the Transfer to Foster Care module of SWSS CPS; and 2) describe your discussion with the caretaker(s) regarding placement in SWSS CPS.

If services were recommended but caretakers refused to participate, briefly describe the services that were offered.

SECTION 3: Safety Decision

Identify your safety decision by checking the appropriate box below. Check one box only. This decision should be based on the assessment of all safety factors, protecting interventions and any other information known about this case. "A" (Safe) should be checked only if no safety factors were identified in Section 1, Part A, Safety Factor Identification.

<input type="checkbox"/>	A. Safe	Children are safe; no safety factors exist.
<input type="checkbox"/>	B. Safe with services	At least one safety factor is indicated and at least one protecting intervention has been put in place.
<input type="checkbox"/>	C. Unsafe	At least one safety factor is indicated and placement is the only protecting intervention possible for the child. Without placement, the child will likely be in danger of imminent harm.

If the investigation is not confirmed and any safety factor is present, briefly explain the safety intervention or plan.

Injury to the child

☐ Yes ☐ No Was any child injured in this case? (**NOTE:** Prenatal drug exposure is considered an injury to a child)

If yes, indicate the age of youngest child with most serious injury.

If yes, indicate what was the most serious injury to the child:

- | | |
|--------------------------|--|
| <input type="checkbox"/> | 1. Death of a child. |
| <input type="checkbox"/> | 2. Hospitalization required. |
| <input type="checkbox"/> | 3. Medical treatment required, but no hospitalization. |
| <input type="checkbox"/> | 4. Exam only of alleged injuries. No medical treatment required. |
| <input type="checkbox"/> | 5. Bruises, cuts, abrasions or other injuries: no medical exam or treatment. |

CONFIDENTIAL

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